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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/812,624	03/30/2004	Cedric G. DeLaCruz	

CONFIRMATION NO. 3467

FORMALITIES LETTER



OC000000012898633

Date Mailed: 06/09/2004

Cedric G. DeLaCruz
682 Prospect Street
Maplewood, NJ 07040

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted***Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- Additional claim fees of **\$52** as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$52** for a Small Entity

- Total additional claim fee(s) for this application is **\$52**
 - **\$43** for **1** independent claims over 3.
 - **\$9** for **1** total claims over 20.

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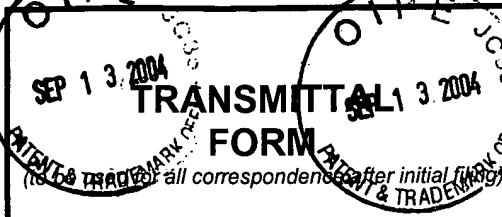
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		Application Number	10/812,624
		Filing Date	03/30/2004
		First Named Inventor	Cedric G. DeLaCruz
		Group Art Unit	3622
		Examiner Name	
Total Number of Pages in this Submission	5	Attorney Docket Number	

Enclosures (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form
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<input type="checkbox"/> Amendment / Response
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<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
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<input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Assignment & Recordation Cover Sheet
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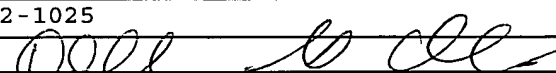
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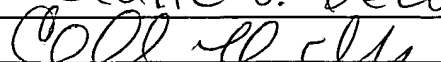
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

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TELEPHONE	973-762-1025		
SIGNATURE		DATE	9-9-04

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents Box 1450 Alexandria, VA 22313-1450 on this date:

Type or Printed Name	Cedric G. DeLaCruz		
Signature		Date	9-9-04

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